

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

01-009

2. STATE:

CC

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

1861(ss)(a)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

September 1, 2001

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

Section 4454 of BBA; 1902(a) SSA

7. FEDERAL BUDGET IMPACT:

a. FFY _____ \$ _____

b. FFY _____ \$ _____

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Pages 8 and 9

Attachment 3.1 A

" 3.1 B

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Pages 8 and 9

Attachment 3.1 A

" 3.1 B

10. SUBJECT OF AMENDMENT:

Coverage of Religious Nonmedical Health Care Institutions

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

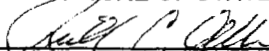
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

CMS Transmittal 01 - 02

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

Richard Allen

14. TITLE:

Director, Office of Medical Assistance

15. DATE SUBMITTED:

16. RETURN TO:

Jeanette Hensley, Manager
Acute Care Benefits Section
1575 Sherman Street, 5th Floor
Denver, CO 80203

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

September 13, 2001

18. DATE APPROVED

September 25, 2001

19. EFFECTIVE DATE OF APPROVED MATERIAL

September 1, 2001

20. SIGNATURE OF REGIONAL OFFICIAL



21. TYPED NAME

Spencer K. Brisson

22. TITLE

Acting Associate Regional Administrator

23. REMARKS

REMARK: Handcarried September 13, 2001

State/Territory: _____

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND
REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a. Transportation.

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not provided.

b. Services provided in Religious Nonmedical Health Care Institutions.

☐ Provided: ☐ No limitations ☐ With limitations*

☒ Not provided.

c. Reserved

d. Nursing facility services for patients under 21 years of age.

☒ Provided: ☒ No limitations ☐ With limitations*

☐ Not provided.

e. Emergency hospital services.

☒ Provided: ☒ No limitations ☐ With limitations*

☐ Not provided.

f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse.

☐ Provided: ☐ No limitations ☐ With limitations*

☒ Not provided.

* Description provided on attachment

TN No. 01-009

Supersedes

TN No. 92-3

Approval Date 10/25/01 Effective Date 09/01/01

State/Territory: _____
AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): NONE

22. Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the Act.)

☐ Provided: ☐ No limitations ☐ With limitations*

☐ Not provided.

23. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

b. Transportation.

☐ Provided: ☐ No limitations ☐ With limitations*

☐ Not provided.

b. Services provided in Religious Nonmedical Health Care Institutions.

☐ Provided: ☐ No limitations ☐ With limitations*

☐ Not provided.

c. Reserved

d. Nursing facility services for patients under 21 years of age.

☐ Provided: ☐ No limitations ☐ With limitations*

☐ Not provided.

e. Emergency hospital services.

☐ Provided: ☐ No limitations ☐ With limitations*

☐ Not provided.

f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse.

☐ Provided: ☐ No limitations ☐ With limitations*

☐ Not provided.

* Description provided on attachment

TN No. 01-009

Supersedes

TN No. 87-13

Approval Date 10/25/01 Effective Date 09/01/01